



**Community
Benefit Report**

2016

Message from President and CEO, M. Michelle Hood



M. Michelle Hood, FACHE
EMHS President and CEO

At EMHS, more than 11,000 employees throughout Maine focus their efforts each and every day to improve the lives of family, friends, and the communities where we work and live. We strive to ensure everyone, regardless of their ability to pay, receives access to the care they need—when they need it.

Beyond the core health delivery offerings, EMHS member organizations provide a multitude of services to Maine people at either free or reduced levels of reimbursement. In fiscal year 2016 alone, the community benefit provided by EMHS totaled \$202,575,853. This community benefit reflects the commitment of EMHS members to our nonprofit mission which includes a focus on the clinical, social and environmental factors that influence the ability of populations to lead healthier lives.

Within the pages of this 2016 Community Benefit report, you will learn how EMHS works on behalf of the communities we serve. Whether it is through community-based screening and education, connecting people and communities with healthy food and safe housing, or working collaboratively with community resources to prevent and treat substance misuse, EMHS tirelessly promotes a culture of stewardship and vibrant communities.

In addition to addressing the immediate health needs of our Maine community, EMHS seeks to address priority community health issues to ensure a healthier future for all. We partner with community, health delivery, and public health agencies to conduct a shared [Community Health Needs Assessment](#). Using data from the assessment, we implement and partner with others to implement solutions directed at preventing disease and sustaining health, which you will find detailed in the [EMHS Community Health Strategies](#) report.

At EMHS, we embrace innovation and seek fresh ideas which support our mission to care for the health and well-being of the people of Maine. We value and appreciate your partnership in this endeavor as together we promote and support vibrant and healthy communities across the regions where we work and serve.

Sincerely,

M. Michelle Hood, FACHE

A handwritten signature in black ink that reads "M. Michelle Hood".

President and CEO, EMHS

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About EMHS

EMHS (Eastern Maine Healthcare Systems) is an integrated health delivery system serving the state of Maine. EMHS offers a broad range of health delivery services and providers, comprising nine hospitals, one of which is a free-standing acute psychiatric hospital, eight integrated primary care networks, specialty physician practices, long-term care and home health agencies, and ground and air emergency transport services.

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2016 Community Benefit

What is Community Benefit?

EMHS hospitals provide a wide range of free or reduced-cost programs and services to those who are sick, injured, or disabled. In addition, a vital role of EMHS member organizations is to assess community needs and improve population health through prevention efforts.

Community benefits are provided via a broad range of community health improvement efforts. They are programs, services, and investments designed to improve the health of our communities and increase access to healthcare in response to identified community health needs. These benefits are designed to:

- Improve access to healthcare services
- Enhance the health of the community
- Advance medical or healthcare knowledge
- Relieve or reduce the burden of government or other community efforts

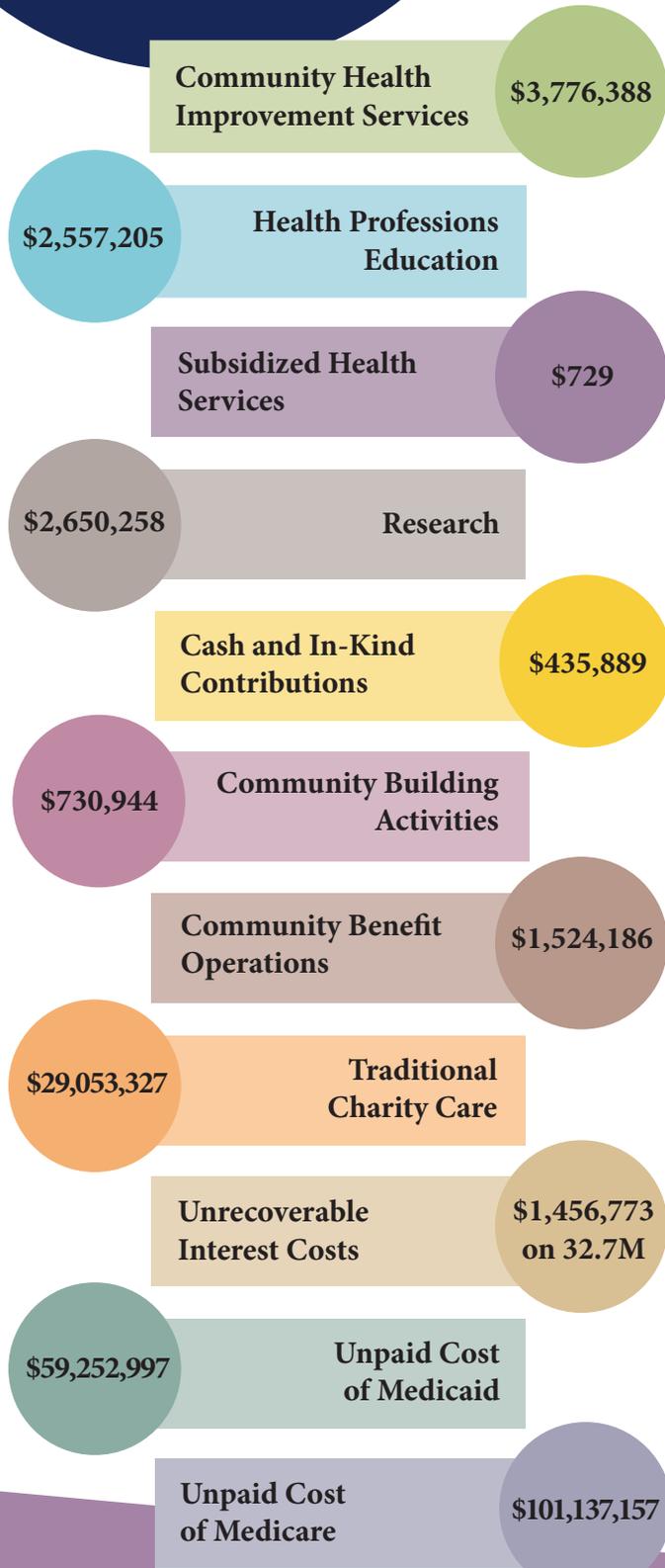
Community benefit activities are integral to the mission of EMHS, and are the basis of tax exemption. While often unnoticed, EMHS contributions improves population health and promotes wellness for all who live, play, learn, and work in our communities. This Community Benefit Report highlights the EMHS commitment to community improvement by quantifying the value of programs, services and charitable care provided.

Reportable Benefits:

As supported by national models, such as those developed by the Catholic Health Association and the Internal Revenue Service guidelines, the following categories represent the benefits EMHS provided to the community in 2016:

- Traditional Charity Care
- Unrecoverable Interest Costs
- Unpaid Cost of Medicaid
- Unpaid Cost of Medicare
- Community Health Improvement Services
- Health Professions Education
- Subsidized Health Services
- Research
- Cash and In-Kind Contributions
- Community Building Activities
- Community Benefit Operations

**System Community
Benefit Total
\$202,575,853**



Definitions for Reportable Benefits

Traditional Charity Care \$29,053,327

EMHS is committed to treating all patients who need our care regardless of their health insurance or financial status. Traditional charity care is the amount of free or discounted health services provided to persons who cannot afford to pay for services and meet EMHS' criteria for financial assistance. In order to promote the health and well-being of the communities served, uninsured or under insured individuals with limited financial resources, who do not qualify for various entitlement programs, are eligible to receive free or discounted healthcare through our organization.

EMHS' financial assistance policy provides two levels of support:

- 100 percent free care to patients for medically necessary services if their family income is 150 percent or less of the Federal Poverty Level
- 50 percent free care to patients for medically necessary services if their family income is between 151 percent and 250 percent of the Federal Poverty Level

EMHS ensures the public is aware of our financial policy through onsite financial counselors, policy availability and visibility, specifically at patient intake areas, and on our organization's website <http://emhs.org/billing-help.aspx>. Financial counselors also help patients find other sources of health coverage for which they may be eligible. In 2016, EMHS provided \$29,053,327 in traditional charity care.

Unrecoverable Interest Cost \$1,456,773 on \$32.7 million

Unrecoverable interests costs are the unpaid cost (shortfall) of public programs for low-income families and individuals, and vulnerable persons. The Unrecoverable Interest Costs is on funds used to subsidize underpayments for cost of care provided to individuals on state Medicaid receiving services through EMHS. In 2016, EMHS subsidized \$1,456,773 of Medicaid underpayments on \$32.7 million for unrecoverable interest costs.

Unpaid Cost of Medicaid \$59,252,997

Unpaid Cost of Medicare \$101,137,157

EMHS members, who provide care to patients with insurance coverage through Medicaid and Medicare, are often not reimbursed fully by government for the cost to provide care. In 2016, EMHS was underfunded \$160,390,154 by these insurance programs.

Community Health Improvement Services \$3,776,388

These activities are intended to improve the health of the community outside the traditional walls of our EMHS facilities and services. Community health improvement services respond to documented health needs in our communities and include the following:

- **Community health education** efforts are provided to the community in the form of presentations, lectures, programs, and activities on wellness initiatives such as nutrition improvement, physical activity, and substance abuse, provided to schools, community groups, support groups, and others.
- **Community-based clinical services** such as screenings (blood pressure, health-risk appraisals, cholesterol, immunization clinics, skin cancer, etc.) provided in the community.
- **Healthcare support services** focused on increasing access and quality of healthcare services, especially to those living in poverty and other vulnerable populations through such activities as community support referral services, transportation options, and assistance in public program enrollment.
- **Social and environmental improvement activities** by addressing the social, economic, and physical environment such as improving availability of healthy food options, violence prevention, and economic development activities.

In 2016, EMHS provided \$3,776,388 in community health improvement services.

Health Professions Education \$2,557,205

Training and education of our EMHS physicians, interns and residents, medical students, nurses and nursing students, and other health professionals is vital to providing the highest standard of care to our community members. In 2016, EMHS provided \$2,557,205 in health professions education.

Subsidized Health Services \$729

These services are clinical programs that are provided despite resulting in a financial loss for EMHS. They tend to meet an identified community need and if they were not offered, they would no longer be available in the community and most likely become the responsibility of the government to provide. In 2016, EMHS provided \$729 in subsidized health services.



Research \$2,650,258

Research to support the development of medical advances for our patients through the adoption of new techniques and treatment protocols has long been considered an investment in the health of our community members. From a community benefit perspective, such research includes clinical and community health research as well as studies on healthcare delivery that can be generalized and shared with the public for the purpose of improving healthcare. In 2016, EMHS provided \$2,650,258 in research.

Cash and In-Kind Contributions \$435,889

In order to address certain identified needs of our community, our member organizations recognize that partnering with other organizations may be the best way to address community needs and improvement efforts. Through the donation of restricted funds and in-kind contributions to these organizations, we are working in partnership to advance the health of the communities we serve. In 2016, EMHS provided \$435,889 in cash and in-kind contributions.

Community Building Activities \$730,944

These activities address the root causes of health problems, often related to poverty, homelessness, and environmental hazards. EMHS is proud to be part of a number of community boards and committees such as those focused on regional economic development, housing opportunities, and early care and education. In 2016, EMHS provided \$730,944 in community building activities.

Community Benefit Operations \$1,524,186

Accounting for community benefit takes a team approach. EMHS regularly conducts research to assess community health needs and plans appropriate intervention strategies. By implementing and evaluating community benefit activities we ensure our collective efforts are meaningful, effective, and accountable to those we serve. In 2016, EMHS provided \$1,524,186 in community benefit operations.

References:

Catholic Health Association of the United States; A Guide for Planning and Reporting Community Benefit: Categories and Definitions, 2015. Available from <https://www.chausa.org/docs/default-source/community-benefit-guide-2015/2015-cb-guide-categories-definitions.pdf?sfvrsn=4>. Accessed January, 2017.

Department of the Treasury, Internal Revenue Service; 2015 Instructions for Schedule H (Form 990)

The following pages show community benefit activity specific to each of our member organization's for fiscal year 2016 based on the previously identified categories.



Total \$14,055,816



Looking ahead in 2017, Acadia Hospital is working to address drug and alcohol abuse, mental health, and access to behavioral care/mental healthcare as priority areas of focus.

Priority #1: Drug and Alcohol Abuse

Rationale:

The anticipated impact of this action is to increase the number of providers qualified to offer Suboxone therapy to individuals living with opioid dependence in Penobscot County. This expanded access will enable more people to obtain the appropriate and most effective level of treatment for their condition.

Priority #2: Mental Health, and Access to Behavioral Care/ Mental Healthcare

Rationale:

This priority was identified in the EMHS Community Health Needs Assessment. The anticipated impact of this action is to increase/enhance access to mental and behavioral healthcare as Maine is a rural state with many underserved areas. It will also provide more comprehensive services to a specific subset of the population, which will result in fewer emergency room visits.



View Acadia Hospital's full
Community Health Strategy online
<http://www.emhs.org/Community-Benefit/CHNA/2016-EMHS-Community-Health-Strategies.aspx>

*"A community is like a ship; everyone
ought to be prepared to take the helm."
- Henrik Ibsen*



Total \$5,924,444

**Community Health
Improvement Services** \$31,406

\$33,000 **Health Professions
Education**

**Cash and In-Kind
Contributions** \$25,426

\$51,374 **Community Building
Activities**

**Community Benefit
Operations** \$153,488

\$560,306 **Traditional Charity
Care**

**Unrecoverable Interest
Costs** \$10,376
on .2M

\$5,059,068 **Unpaid Cost
of Medicare**

Looking ahead in 2017,
Blue Hill Memorial Hospital
is working to address obesity
(physical activity and nutrition),
drug and alcohol abuse, and
transportation as priority areas
of focus.

Priority #1: Obesity (Physical Activity/Nutrition)

Rationale:

To increase the screening in our care delivery model of the overweight and obese population and provide the opportunity for education in the clinical setting and collaboration with community resources for weight loss and physical activity in an effort to improve the health condition of this population in our community.

Priority #2: Drug and Alcohol Abuse

Rationale:

To develop a consistent screening and referral process for both outpatient clinics and the emergency department including counseling resources in an effort to improve the identification of those in need and increase referrals to the appropriate support services.

Priority #3: Transportation

Rationale:

Transportation is a major barrier for many in our community and has a negative impact on their health. We hope to identify those patients specifically in need and connect them with transportation resources to improve health outcomes for residents.



View Blue Hill Memorial Hospital's full
Community Health Strategy online
<http://www.emhs.org/Community-Benefit/CHNA/2016-EMHS-Community-Health-Strategies.aspx>

"In every community, there is work to be done. In every nation, there are wounds to heal. In every heart, there is the power to do it." - Marianne Williamson



Total \$2,231,010



Looking ahead in 2017, Charles A. Dean Memorial Hospital is working to address obesity, drug and alcohol abuse, employment, and depression as priority areas of focus.

Priority #1: Obesity

Rationale:

Through educational opportunities specific to healthy eating, we aim to decrease the number of individuals who suffer from negative health conditions related to poor eating habits, including obesity.

Priority #2: Drug and Alcohol Abuse

Rationale:

The anticipated impact of this action is to increase the awareness of the negative effects of substance abuse in our youth population to mitigate a potential cycle of misuse.

Priority #3: Employment

Rationale:

We anticipate that a certified nursing assistant training will increase employment opportunities to our local community members.

Priority #4: Depression

Rationale:

Through improved screenings, we anticipate improving referral mechanisms to various counselors and community partners specializing in mental health to provide continued services to those identified as in need.



View Charles A. Dean Memorial Hospital's
full Community Health Strategy online
<http://www.emhs.org/Community-Benefit/CHNA/2016-EMHS-Community-Health-Strategies.aspx>

*Coming together is a beginning;
keeping together is progress; working
together is success.*

- Henry Ford





Total \$2,445,915

Reflects Home Office community benefit amounts only.

Community Health Improvement Services

\$1,610,891

\$115,467

Cash and In-Kind Contributions

Community Building Activities

\$219,409

\$500,148

Community Benefit Operations

Looking ahead in 2017, EMHS is working to address opioid harm reduction and healthy food access as priority areas of focus that all member organizations are working on together to affect change across the state.

Priority #1: Opioid Harm Reduction

Objectives:

- Increase the number of EMHS providers receiving education on Maine's new opioid prescribing law,
- Increase the number of patient referrals to appropriate alternative pain treatment options,
- Increase the number of qualified Medication Assisted Treatment (MAT) prescribers, and
- Increase the number of EMHS provider offices providing patient education materials surrounding prescription drug safety.

Priority #2: Healthy Food Access

Objectives:

- Increase the number of partnerships with community-based organizations,
- Increase the percentage of patients screened for food insecurity, and
- Increase the number of member organizations with improved availability of healthy foods through new or improved policies, environments, and systems.



“For a community to be whole and healthy, it must be based on people’s love and concern for each other.” - Millard Fuller



Total \$89,280,406



Looking ahead in 2017, Eastern Maine Medical Center is working to address substance abuse disorder, obesity, and health literacy as priority areas of focus.

Priority #1: Substance Use Disorder

Rationale:

Substance use disorder continues to be the most significant health issue in Penobscot County, and partners from throughout the community are engaged in a focused effort to decrease its impact.

Priority #2: Obesity

Rationale:

Obesity continues to be one of the most significant public health problems in our region.

Priority #3: Health Literacy

Rationale:

Health literacy is one of the greatest determinants of health status and plays a critical role in health outcomes.



View Eastern Maine Medical Center's full
Community Health Strategy online
<http://www.emhs.org/Community-Benefit/CHNA/2016-EMHS-Community-Health-Strategies.aspx>

*"Individually, we are one drop. Together,
we are an ocean."*

- Ryunosuke Satoro



Total \$8,097,589



Looking ahead in 2017,
Inland Hospital is working to address obesity (physical activity and nutrition), substance abuse, mental health and depression, and poverty as priority areas of focus.

Priority #1: Obesity (Physical Activity/Nutrition)

Rationale:

Collaborative efforts are intended to help lead to a leveling off of increasing obesity rates and ultimate decline in the rates over time.

Priority #2: Substance Abuse

Rationale:

Reduce opioid misuse and diversion.

Priority #3: Mental Health/Depression

Rationale:

Enhance access and patient care.

Priority #4: Poverty

Rationale:

Strengthen local economy and address social issues linked to poverty.



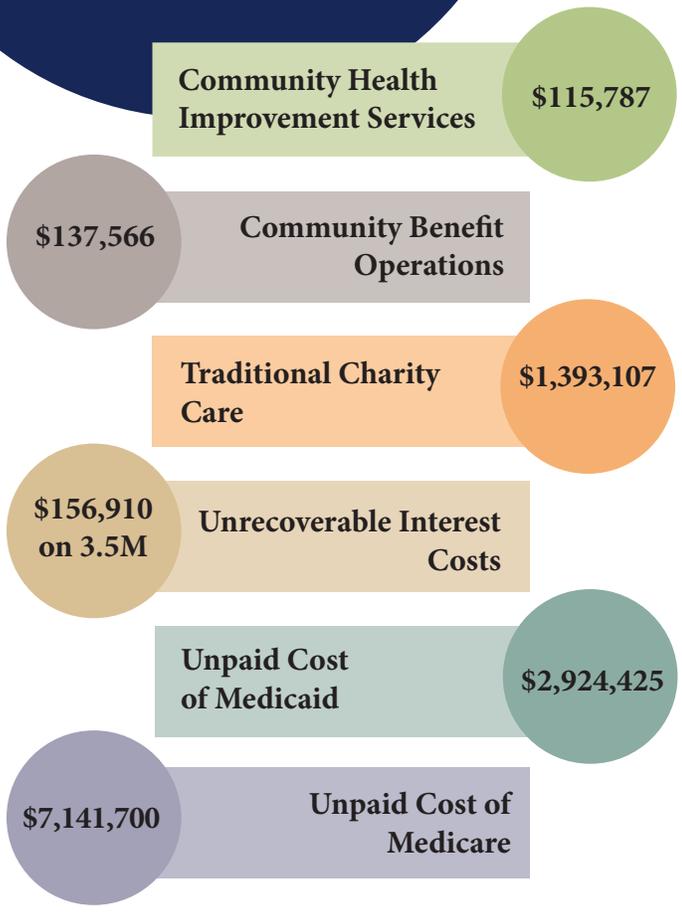
View Inland Hospital's full Community
Health Strategy online

<http://www.emhs.org/Community-Benefit/CHNA/2016-EMHS-Community-Health-Strategies.aspx>

*"The past cannot be changed. The future is yet
in your power." - Mary Pickford*



Total \$11,869,495



Looking ahead in 2017, Maine Coast Memorial Hospital is working to address substance use disorder, physical activity, nutrition, obesity, mental health, and health literacy as priority areas of focus.

Priority #1: Substance Use Disorder

Rationale: These combined efforts seek to reduce the number of people struggling with substance use disorder in our community.

Priority #2: Physical Activity, Nutrition, and Obesity

Rationale: Reduce the rate of obesity in our service area and increase physical fitness in our patients and reduce incidence of health conditions resulting from obesity and inactivity.

Priority #3: Mental Health

Rationale: The intent of these services and education is to remove stigma around the treatment of mental health, increase awareness of mental health needs, and provide care for patients who may otherwise go without treatment.

Priority #4: Health Literacy

Rationale: All of these measures will ensure that patients not only understand their healthcare needs and conditions, but why they are being prescribed specific treatments and medications, and how to use them to best improve their quality of life.



View Maine Coast Memorial Hospital's full
Community Health Strategy online
<http://www.emhs.org/Community-Benefit/CHNA/2016-EMHS-Community-Health-Strategies.aspx>

*"Start by doing what's necessary,
then do what's possible, and suddenly...
you are doing the impossible."*

- Francis of Assisi





Total \$45,563,240

Community Health Improvement Services

\$768,008

\$2,784

Health Professions Education

Subsidized Health Services

\$729

\$129,453

Cash and In-Kind Contributions

Community Building Activities

\$426,890

\$55,345

Community Benefit Operations

Traditional Charity Care

\$4,535,570

\$61,377 on 1.3M

Unrecoverable Interest Costs

Unpaid Cost of Medicaid

\$8,351,378

\$31,231,706

Unpaid Cost of Medicare

Looking ahead in 2017, Mercy Hospital is working to address substance abuse treatment, affordable housing and homelessness, medical neighborhood, preventive screenings and immunizations, enrollment activities and coverage counseling, and health education as priority areas of focus.

Priority #1: Substance Use Treatment

Rationale:

The goal is to create a successful integrated and comprehensive substance abuse treatment model for the Greater Portland community.

Priority #2: Affordable Housing and Homelessness

Rationale:

McAuley Residence serves homeless women who are battling substance use disorder with or without their children. The majority of women are addicted to opiates with ten or more years of active use and significant trauma, including rape, sex trafficking, and domestic violence. The program provides housing, access to comprehensive care and promotes healthy lifestyles and self-sufficiency.

Priority #3: Medical Neighborhood:

Affordable options for people who are uninsured or under-insured

Rationale:

The intent of this model is to provide access to care, leverage sustainable community assets, and promote rational utilization of all services.



View Mercy Hospital's full Community Health Strategy online

<http://www.emhs.org/Community-Benefit/CHNA/2016-EMHS-Community-Health-Strategies.aspx>

Priority #4: Preventive Screenings and Immunizations

Rationale:

Preventive screenings and immunizations help identify hidden disease risks for improved health and provide protection against infection.

Priority #5: Enrollment Activities and Coverage Counseling

Rationale:

Raise awareness of affordable coverage options and promote its enrollment and financial counseling services to the community at large.

Priority #6: Health Education

Rationale:

Health education motivates patients to improve and maintain their health, prevent disease, and reduce risky behaviors.

"Alone we can do so little, together we can do so much." - Helen Keller





SEBASTICOOK VALLEY HEALTH

Total \$2,555,995

Community Health Improvement Services

\$528,371

\$25,953

Health Professions Education

Cash and In-Kind Contributions

\$260

\$26,681

Community Benefit Operations

Traditional Charity Care

\$840,351

\$41,749 on .9M

Unrecoverable Interest Costs

Unpaid Cost of Medicare

\$1,092,630

Looking ahead in 2017, Seabasticook Valley Health is working to address hunger and food insecurity, substance abuse, and mental health as priority areas of focus.

Priority #1: Hunger/Food Insecurity

Rationale:

Increase access to and consumption of fruits and vegetables.

Priority #2: Substance Abuse

Rationale:

Reduce prescription drug abuse and misuse.

Priority #3: Mental Health

Rationale:

Increase community awareness, communication, and utilization of resources for local mental health services.



View Seabasticook Valley Health's full
Community Health Strategy online

<http://www.emhs.org/Community-Benefit/CHNA/2016-EMHS-Community-Health-Strategies.aspx>

*“Without a sense of caring, there
can be no sense of community.”
- Anthony J. D’Angelo*





Total \$19,092,063



Looking ahead in 2017, TAMC is working to decrease prevalence of sedentary lifestyles in youth through family engagement, decrease number of adults ages 20-65 years with cardiovascular disease risk factors, improve health status of adults over 65 with three or more chronic conditions, and improve access to mental health and substance abuse services along with early intervention as priority areas of focus.

Priority #1: Decrease prevalence of sedentary lifestyles in youth through family engagement.

Rationale:

Childhood obesity was identified as a significant family health issue in Aroostook County. Through collaboration and educational efforts, we will work to improve health conditions of our youth related to obesity.

Priority #2: Decrease number of adults ages 20-65 years with cardiovascular disease risk factors.

Rationale:

According to the Shared CHNA 2016, heart disease is the leading cause of death in Aroostook County, with rates for various forms of cardiovascular disease higher than the state average. Through collaboration and educational efforts, we will work to improve health outcomes related to cardiovascular disease.



View TAMC's full Community
Health Strategy online

<http://www.emhs.org/Community-Benefit/CHNA/2016-EMHS-Community-Health-Strategies.aspx>

Priority #3: Improve health status of adults over 65 with three or more chronic conditions.

Rationale:

According to the Shared CHNA 2016, Aroostook County has higher rates of adults reporting three or more chronic conditions compared to the state. Aroostook County also has a higher percentage of adults over 65 compared to the state average. Through collaboration and educational efforts, we will work to improve the health status of adults over 65 with three or more chronic conditions.

Priority #4: Improve access to mental health/substance abuse services and early intervention.

Rationale:

According to the Shared CHNA 2016, access to behavioral care/mental healthcare was prioritized by stakeholders as a significant health issue having a great influence on health in Aroostook County, resulting in poor health outcomes for residents. Through collaboration and educational efforts, we will work to improve access to mental health and substance abuse services and early intervention services.

*"I alone cannot change the world, but I can cast a stone across the waters to create many ripples."
- Mother Teresa*



Total \$1,446,642



Looking ahead in 2017, VNA Home Health Hospice is working to address preventive care, senior health, tobacco use, in addition to obesity and diabetes as priority areas of focus.

Priority #1: Preventive Care Rationale:

Providing school based immunization provides easy equal access for all children, prevents the flu, prevents death from complications, and protects seniors who come in contact with children from possible flu exposure.

Priority #2: Senior Health Rationale:

Seniors living in senior sites will have access to blood pressure screening clinics. The desired action will be to help identify those with heart disease early and assist in connecting them with needed resources in the community.

Priority #3: Tobacco Use Rationale:

Many of the patients served by VNA Home Health Hospice struggle with nicotine addiction. Providing staff with the much needed education and certification will be essential to help patients work through their addiction. The final desired outcome being that patients will have a lowered risk of disease and hospitalization which will result in a positive impact on their health.

Priority #4: Obesity/Diabetes Rationale:

Targeted staff education will help to improve the quality of life for patients with obesity and diabetes. These trained staff members will work to develop evidenced based homecare practices and education. Reducing obesity rates will also decrease incidences of diabetes and affect quality outcomes such as hospitalizations and emergency department visits.



View VNA Home Health Hospice's full
Community Health Strategy online
<http://www.emhs.org/Community-Benefit/CHNA/2016-EMHS-Community-Health-Strategies.aspx>

"When we have inner peace, we can be at peace with those around us. When our community is in a state of peace, it can share that peace with neighboring communities."
- The Dalai Lama





The Cianchette Building
42 Whiting Hill Road, Suite 500
Brewer, Maine 04412

EMHS MEMBERS:

- Acadia Hospital
- Beacon Health
- Blue Hill Memorial Hospital
- Charles A. Dean Memorial Hospital
- Eastern Maine Medical Center
- EMHS Foundation
- Inland Hospital
- Maine Coast Memorial Hospital
- Mercy Hospital
- Sebasticook Valley Health
- TAMC
- VNA Home Health Hospice
and Rosscare